

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)**

Serial No.

Office Rate

101574281

Application

CLAIMS

	AS FILED		AFTER LANGUAGE		AFTER LANGUAGE			AS FILED		AFTER LANGUAGE		AFTER LANGUAGE	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.	IND.	DEF.
1							51						
2							52						
3							53						
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42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	6	↓		TOTAL IND.			↓		↓	
TOTAL DEF.			←	4	←		TOTAL DEF.			←		←	
TOTAL CLAIMS				10			TOTAL CLAIMS						

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